



WISCONSIN

DEPARTMENT OF WORKFORCE DEVELOPMENT
Division of Workforce Solutions
Bureau of Workforce Programs

TO: **Economic Support Supervisors
Economic Support Lead Workers
Training Staff
Child Care Coordinators
W-2 Agencies**

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Non W-2 ☒ W-2 ☐ CC ☐

PRIORITY: High

SUBJECT: **MA RE-DETERMINATIONS FOR INTER-AGENCY TRANSFERS**

CROSS REFERENCE: MA Handbook

EFFECTIVE DATE: Immediately

PURPOSE

This memo describes Medicaid (MA) policy and process associated with inter-agency transfers.

There has been no change in policy and process for inter-agency transfers involving other programs, although an Operations Memo will be issued in the near future outlining transfer procedures for the Food Stamp program.

BACKGROUND

Previously, when a client moved within Wisconsin from one county/tribal agency to another, a review was required in the 'transfer in' agency in order for MA benefits to continue. Effective immediately, a client cannot be required to complete an eligibility review for MA following a move within Wisconsin.

During their review of TANF and MA policies and processes in Wisconsin last year, CMS, Centers for Medicare and Medicaid Services (formerly HCFA) learned that the CARES transfer procedure requires the client to complete a review in the new county of residence and terminates MA when a client fails to do so. These terminations are not permitted under Federal law.

When a client moves within the State, the State and counties are responsible for transferring the case from the old county of residence to the new county of residence so that MA can continue without interruption. Wisconsin cannot require the client to reapply for MA or comply with a MA redetermination solely based upon a move to a new county.

DISCUSSION

Often a move suggests a change in circumstances (e.g., a parent obtains a new job, etc) and the agency may need to reevaluate eligibility in light of these changes. A redetermination may be conducted due to changed circumstances that might affect eligibility (beyond just a move to a new county) which are reported or received via data exchange. But the agency must first redetermine MA eligibility based on current information in CARES.

If the agency does not have sufficient information regarding changed circumstances, it must request information from the client, according to the MA verification policy. If the client does not comply with the request after ten days, MA can be terminated with adverse action notice since s/he has a responsibility to cooperate during a redetermination.

PROCESS

When a client contacts an ES worker to report a move, the worker should gather self-declared information about the changes (new address/phone, shelter costs, employment or household composition changes, etc.) and enter it into CARES. Document changes in CARES case comments.

If the client is enrolled in an HMO, a demographic change entered in CARES will trigger any necessary HMO enrollment changes at EDS when SFED/X is run and eligibility is confirmed. If the client has difficulty with enrollment issues, s/he should contact an HMO Enrollment Coordinator at 1-800-291-2002.

There are special transfer procedures for clients participating in community waivers and Family Care, and for clients with met deductibles and extensions. Information about these procedures can be found in MA Handbook as follows: Community Waivers 25.14.0, Family Care 32.6.3, Deductibles 20.12.0 and MA Extensions 9.8.0.

The MA transfer process differs slightly depending on to whom the client reports the move. Regardless, there is no need for the client to appear in person at the transferring in agency.

WHEN A CLIENT REPORTS A MOVE TO THE TRANSFER-OUT AGENCY

The ES worker assigned in the transfer-out agency is responsible for gathering information about changes, entering it into CARES, running SFED/X and confirming eligibility. S/he should then request that the Transfer Coordinator transfer the case to the new county of residence.

If an eligibility review is due during the month of the move, the ES worker should attempt to complete it prior to the client's move and case transfer. If that is not possible, note it in case comments so that the transfer-in agency doesn't extend the review date.

If the client reports the move to the transfer-out agency via a phone message and doesn't provide all necessary information, or the ES becomes aware of the move through returned mail, the ES should attempt to contact him/her. If unable to reach the client, enter any available information in CARES and note in case comments the information that was unavailable. If the ES has address information, s/he should transfer the case. If the ES is aware of a move but does not have address information, and attempts to contact the client are unsuccessful, terminate eligibility due to lack of contact. In this situation, enter reason code 136, "You have lost contact with the agency" on AGOE.

WHEN A CLIENT REPORTS A MOVE TO THE TRANSFER-IN AGENCY

The Transfer Coordinator will transfer the case into the new county of residence. The previous ES worker will receive a CARES alert that this has occurred.

The ES worker assigned in the transfer-in agency is responsible for gathering information about changes, entering it into CARES, running SFED/X and confirming eligibility.

RESPONSIBILITIES OF THE TRANSFER-IN AGENCY REGARDLESS OF TO WHOM THE MOVE WAS REPORTED

When a case is transferred, CARES will set the review date for the next calendar month. Therefore, unless a review is due during the month of the move, AGOR must be adjusted (for MA only) to reflect the end of the previous certification period. For cases with a twelve month certification period, the previous review date can be viewed on ANRH. The review date on AGOR should be extended to the last day of the month, one year from when the last review occurred. For deductible and extension cases, the review date should be set as the last day of the last month in the deductible or extension period. Depending on an ES worker's CARES security level, supervisory approval may be required to extend the review date. SFED/X must be run in the transfer-in agency in order to trigger demographic changes on MMIS.

WHEN A CLIENT DOESN'T REPORT A MOVE TO EITHER AGENCY

If a move isn't reported to either agency, the client may have difficulty using his/her Forward card. This would likely prompt him/her to contact the ES worker assigned in the former county of residence, or the agency in the new county of residence. If not, the case will close at the end of the certification period due to lack of review.

CONTACT

DES CARES Information and Problem Resolution Center

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Note: Email contacts are preferred. Thank you.